

**GLASTONBURY PARKS AND RECREATION DEPARTMENT**

# **GYMNASTICS TEAM - FALL**

Program meets at the Academy Gym.

## **REGULAR TEAM (12 Weeks)**

<b><u>LEVEL</u></b>	<b><u>DAY</u></b>	<b><u>TIME</u></b>	<b><u>STARTS</u></b>	<b><u>ENDS</u></b>	<b><u>CANCELLATIONS</u></b>
LEVEL 3	Monday	4:10-6:10	Sept. 12	Dec. 5	Sept. 5; Oct. 10
(Pre Team)	Thursday	5:35-8:00	Sept. 8	Dec. 8	Sept. 29, Nov. 24
*LEVEL 4-9	(*Gymnasts will choose two nights per week. Sign up will take place at the gym)				
	Monday	6:00-8:30	Sept. 12	Dec. 5	Sept. 5; Oct. 10
	Tuesday	5:35-8:00	Sept. 6	Nov. 29	Nov. 8
	Wednesday	6:30-8:30	Sept. 7	Nov. 23	
	Friday	6:30-8:30	Sept. 9	Dec. 9	Nov. 11, 25

## **UNLIMITED TEAM WORKOUTS (12 Weeks)**

In addition to the regular schedule, those signed up for "Unlimited Team", have been scheduled for 4.5 more hours of practice time each week according to the following schedule.

<b><u>LEVEL</u></b>	<b><u>DAY</u></b>	<b><u>TIME</u></b>	<b><u>STARTS</u></b>	<b><u>ENDS</u></b>	<b><u>CANCELLATIONS</u></b>
LEVEL 3	Tuesday	5:35-8:00	Sept. 6	Nov. 29	Nov. 8
(Pre Team)	Friday	6:30-8:30	Sept. 9	Dec. 9	Nov. 11, 25
LEVEL 4-9	Monday	4:10-6:10	Sept. 12	Dec. 5	Sept. 5; Oct. 10
	Thursday	5:35-8:00	Sept. 8	Dec. 8	Sept. 29, Nov. 24

## **USAG PREP-OPTIONAL (10 Weeks)**

<b><u>LEVEL</u></b>	<b><u>DAY</u></b>	<b><u>TIME</u></b>	<b><u>STARTS</u></b>	<b><u>ENDS</u></b>	<b><u>CANCELLATIONS</u></b>
Novice	Monday	4:10-6:10	Sept. 12	Nov. 21	Sept. 5; Oct. 10
	Thursday	5:35-8:00	Sept. 8	Nov. 17	Sept. 29
Interm./Adv.	Monday	6:00-8:30	Sept. 12	Nov. 21	Sept. 5; Oct. 10
	Wednesday	6:30-8:30	Sept. 7	Nov. 23	

**GLASTONBURY PARKS & RECREATION GYMNASTICS PROGRAM**  
**CHILD INFORMATION/EMERGENCY CONSENT FORM**

In the event of an emergency, the following information will provide Gymnastics Staff with the information needed to care for your child. For your child's safety and protection, it **MUST** be completed and returned with him/her on their first day of attendance at the program.

**CHILD INFORMATION**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Please check off the session the child is attending: FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Name of Parent/Guardian(s) and where they may be **REACHED** by phone in case of a problem/emergency.

1) Mother/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2) Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**OTHER CONTACT(S)**

I give permission for the following persons to assume temporary care and to provide transportation for my child if we, the Parent/Guardian(s) cannot be notified:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**SPECIAL NEEDS** In order to better accommodate your child, please make us aware of any special needs he/she may have. Please see the Gymnastics Director to discuss any concerns you may have. (Note: The Parks & Recreation Department should be notified **IN ADVANCE** if your child will require any special accommodations)

**MEDICAL INFORMATION** If your child is on medication or requires medication in the event of an emergency (asthma etc.) you must obtain and complete an Authorization For The Administration of Medication form from the Parks and Recreation Office prior to the start of the program.

Known Medical  
Conditions/Allergies \_\_\_\_\_

Medication to be  
Administered \_\_\_\_\_

**EMERGENCY INFORMATION**

If in the opinion of the Gymnastics Staff, emergency transportation to a hospital is required by an emergency vehicle, I give permission for such transport. If the situation permits, I prefer one of the following hospitals:

If the situation permits, I prefer one of the following physicians:

I authorize any licensed Physician to provide proper treatment, order injections, hospitalize, give anesthesia, or perform surgery for:

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ during my absence while my child is under the care of the Glastonbury Parks and Recreation Department Gymnastics program. I understand that this authorization is given prior to any need for medical care, but it is given to avoid unnecessary delay in emergency treatment which the physician may deem advisable in the exercise of his/her best judgment.

Signature \_\_\_\_\_  
Relationship \_\_\_\_\_

Date \_\_\_\_\_